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## Doctor-Family Binomial in the Prevention of Suicidal Behavior in Adolescents

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**Abstract: Introduction:** Suicidal behavior is perhaps the most representative public health problem. According to the World Health Organization, between 800,000 and 1,000,000 people commit suicide each year worldwide, which makes it one of the five leading causes of death. **Objective:** to describe the interrelationship of the doctor-family binomial in the prevention of suicidal behavior in adolescents. **Methods:** a documentary review type research was carried out, of the qualitative paradigm, and exploratory research level. To identify the documents to be reviewed, the bibliographic database PubMed/Medline was consulted. The search strategy was based fundamentally on the use of key words in Spanish in the Health Sciences Descriptors. **Result:** high incidence of adolescents with suicidal behavior, the causes of which are related to dysfunctional family dynamics, evidenced by lack of family support, inconsistency in the use of educational methods, inadequate family patterns, failure to fulfill family roles, and predisposing family history. **Conclusions:** many investigations deal with suicidal behavior and its relationship with dissimilar comorbidities due to its devastating effect on the process of psychological well-being. Multimodal treatment with the involvement of the family as the central axis in this and the psychiatrist as a counselor and guide for the adolescent and his family has a wide range in the recovery of mental health. It constitutes a therapeutic arsenal for the prevention of suicidal behavior at these ages of search for their own identity.

**Keywords:** suicidal behavior, family counseling, prevention, work of the doctor

## INTRODUCTION

Suicidal behavior (SB) is perhaps the ultimate representation of a public health problem. According to the World Health Organization (Värnik, 2012), between 800,000 and 1,000,000 people commit suicide each year worldwide (rate of 11.4 people per 100,000 inhabitants), which places it as one of the five leading causes of mortality.

Furthermore, suicide attempts are 10 to 20 times more numerous. More people die of their own free will than the total sum of all deaths caused by homicides and wars, which is surprising.

The Sustainable Development prevention program (Agenda 2030) constitutes a universal call to action to end poverty, protect the planet and improve the lives and prospects of people around the world. In 2015, all United Nations Member States approved 17 goals of the 2030 Agenda for Sustainable Development and a plan to achieve them. These goals establish the health and education benchmarks to which they aspire, setting out the need to guarantee a healthy life and well-being for all, and also advocate the urgency of guaranteeing inclusive, equitable and quality education, as well as the promotion of lifelong learning opportunities. (1)

In Cuba, since 1985 there has been a National Program for the Prevention of Suicidal Behavior (MINSAP, 1985), which has developed different epidemiological investigations led by the National Institute of Hygiene, Epidemiology and Microbiology (INHEM), which have allowed the characterization of the country's cases, according to sociodemographic variables, carrying out the epidemiological stratification of risk by area of residence. Likewise, the Action Plan for the Prevention of Suicidal Behavior (2021-2023) has allowed us to define goals, monitor and evaluate systematically in the scenarios, enhancing epidemiological surveillance and research. (2)

Despite the will of the Cuban State, the country is not exempt from this reality, as reflected in the Statistical Yearbook of the Cuban National Health System, it is the country with the highest reporting in the Americas. The Province of Sancti Spiritus is in third place in prevalence of this medical entity. (Ministry of Public Health, 2024). A key fact in this research is the study carried out at the "José Martí Pérez" Pediatric Hospital in this province, which shows an average annual rate of 100 adolescents in some variant of CS. (3)

This topic acquires particular relevance when it comes to adolescents due to the characteristics of this stage of development, which deserves to be addressed with an integrative vision that recognizes families as the central axis and irreplaceable space for the prevention of this problem. Therefore, it is necessary to describe the interrelationship of the doctor-family binomial in the prevention of suicidal behavior in adolescents.

## **METHOD**

A documentary review type research was carried out, with a qualitative paradigm and exploratory research level. To identify the documents to be reviewed, the PubMed/Medline bibliographic database was consulted. A search strategy was designed, to which filters were added to restrict its results, according to the tools provided by this search engine. The search strategy was fundamentally based on the use of keywords in Spanish in the Health Sciences Descriptors (DeCS): suicidal behavior, family counseling, prevention, physician work. The filters, or activated limits included, were: any type of article with full text available, in English or Spanish and published between January 2023 and January 2024. In this way, they were retrieved. These were analyzed and those that provided duplicate information, were not exactly on the topic, or were considered not to provide relevant data were excluded.

## **Analysis and Integration of Information**

There are numerous scientific contributions to family counseling and few references from the community psychiatrist's work in favor of preventing suicidal behavior. The following stand out internationally and constitute important references for this research: In Europe and North America, studies consider a psychological perspective, with more psychotherapeutic than psychopedagogical approaches.

In the Americas, useful practices are presented in favor of prevention. The regional report on suicide mortality (2021) indicates that this problem continues to be a public health priority in the Region, which can be prevented in a timely manner. The WHO's key intervention guidelines (2021) constitute a valuable contribution to preventing suicide worldwide, which assumes a multisectoral approach that involves society in a collaborative effort. (4)

In the case of Cuba, a vast experience in the family guidance process has been consolidated. Important references in this study are the contributions of sociologists, psychologists, psychiatrists, and pedagogues: Patricia Arés Muzio (1990, 1999, 2000, 2002, 2003, 2010, 2015, 2018, 2019); Guillermo Arias Beatón (2001, 2008, 2009), Cristóbal Martínez Gómez (2012), Pedro Luis Castro

Alegret (1995, 1996, 2002, 2006, 2010, 2015). Also Elsa Núñez Aragón (2002) and Martha Torres González (2003). These contributions on how to conceive family guidance can be a useful reference for this study, specifically related to the prevention of suicidal behavior in adolescents.

Specifically in relation to suicidal behavior, the contributions of Cortés (5) are recognized, who defends the idea that it is one of the priority conditions of the Action Program to overcome the gap in mental health established by the WHO in 2008. This author provides guidelines with a view to improving the care of mental health, neurological and substance abuse problems.

It is also assumed that the determining, precipitating or predisposing factors are multifactorial, that is, of a social, cultural, biological and economic nature. The relevance in adolescence of mistreatment, sexual abuse, violence, humiliation, harassment, mockery, lack of life projects as protective factors, separation or loss of loved ones, extreme poverty, among others, is highlighted (6)

The theoretical study carried out and the author's professional experience as a child psychiatrist at the Community Mental Health Center of the Municipality of Sancti Spíritus, as well as the review of clinical histories, follow-up consultations and family observation allow him to summarize the following ideas: Insufficient contributions related to family guidance for the prevention of suicidal behavior, which reveal how to conceive it and put it into practice, from the work of the child psychiatrist, in synergy with the educational institution.

High incidence of adolescents with suicidal behavior, the causes of which are related to dysfunctional family dynamics, evidenced by lack of family support, inconsistency in the use of educational methods, inadequate family patterns, failure to fulfill family roles and predisposing family history.

Insufficient knowledge and skills of families for the prevention of suicidal behavior, demonstrated in ineffective intra and extrafamilial relationships and lack of personological resources for requesting help in necessary cases.

### **The Family and its Educational Function**

Current concepts. The concept of family, from a very general perspective, according to Cano and Casado, refers to a group of people united by ties of genetic inheritance, consanguinity, affection, care, support and shared experiences that, under the custody of parents, constitutes the generative axis of society, whose transcendental role exceeds the satisfaction of the basic needs of its members, focusing its attention on the transmission of an education based on educational and cultural values. (7)

Clavijo Portieles defines the family as the group of people linked by stable ties of consanguineous, marital, affective, sociocultural, economic, contractual and cohabitation type, in order to satisfy the needs of the group and fulfill the functions entrusted to it through the historical-social development. It is a system of mutual intersatisfaction of human needs, both material and spiritual, which allows the biological reproduction of the species, the reproduction of the culture of which it is itself an expression and the reproduction of the system of economic and social relations of the community in which it lives and in which it must prepare its members to live adaptively. (8)

On the other hand, from a psychological point of view, Ares Muzio states that the family is the union of people who share a vital project of existence in common that is intended to be long-lasting, in which strong feelings of belonging to said group are generated, there is a personal commitment between its members and intense relationships of intimacy, reciprocity and dependence are established.

These concepts point to how the process of socialization of man is established within it, since it is there that the affectivities and the ways of expressing them, the worldviews of each person and the group, the experience of oneself and of otherness, the notion of space and time, language, the history of the generations that preceded them, are woven; that is, all the most significant human dimensions are embodied and transmitted in the daily life of the family. This is par excellence the field of the deepest affective relationships and constitutes, therefore, one of the pillars of a person's identity and

ultimately of the co-construction of the collective identities of a community, of a society. The family operates as a system of relationships and interinfluences, from within and with the outside. (8)

Wherever you look at it, these conceptualizations underline that family is sharing, it is a vital project of existence, it is what we make lasting, with strong feelings, it is an identity of oneself that is nourished by a "we", it is commitment, relational intensity, it is a stable bond, complicity that marks the course of all human existence.

### **Adolescence and Suicidal Behavior**

Adolescence is considered one of the healthiest stages of life, in which children need to be prepared to be able to develop their potential. Although this is true, it is also one of the most complex and, for many, problematic, as it is really a vulnerable period for the appearance of risky behaviors, which can occur on their own or occur together and bring consequences for health.

These criteria have generated a certain degree of neglect in the care of healthy adolescents, as well as in the adequate training and development of human resources that provide health services. In adolescence itself, two closely related aspects can be distinguished: the person recognizes themselves and the person is aware. By recognizing themselves, they identify themselves as a subject with duties and rights, and by being aware, they see that they belong to a community to which they contribute individual reality and where they share values and projects with those who are part of it. It is a stage also characterized by the search for themselves and their identity, a need for independence, and their group tendency.

Adolescence is considered a vital stage that some authors value as a "second birth" due to the multitude of changes that affect all the fundamental aspects of a person; an appreciation that, when applied to this problem, highlights the importance of knowing the influence of suicidal behavior among peers, and whether suicidal ideation is related to that stage and environment. (9)

Adolescents (ages between 10 and 19 years) represent approximately one sixth of the world's population (1.2 billion people) and worldwide suicide for adolescents aged 15 to 19 years is the third cause of death.

In the Region of the Americas, approximately 65,000 deaths by suicide occur each year. In many countries, deaths by suicide may be underestimated. The highest rates in the region are recorded in the non-Hispanic Caribbean and in North America. It is the third cause of death in people aged 20 to 24 years and the fourth in the groups aged 10 to 19 years and 25 to 44 years. Suicides in men represent approximately 79% of all deaths by suicide.

The World Health Organization (WHO) defines "suicidal act" as any action by which an individual causes harm to himself, regardless of the degree of lethal intent and whether or not the true motives are known.

### **Conceptualization:**

Suicidal behavior: act deliberately initiated and carried out by a person in full knowledge or expectation of its fatal outcome. (WHO)

Family: the family as "a group of people who live under the same roof, organized in fixed roles (father, mother, siblings, etc.) with or without blood ties, with a common economic and social way of existence, with affective feelings that unite and bind them together." (WHO)

Knowledge of the historical dimension of suicide contributes to the holistic understanding of this extremely complex phenomenon. We have forty centuries of history of suicide, but only in the last two and a half centuries, has it been medicine that has claimed its study. This is why professionals should not fall into biomedical reductionism as an explanatory paradigm of this phenomenon. Other disciplines such as philosophy, ethics, sociology, evolutionism, anthropology, the arts, literature, the media and of course history, complement our knowledge.

The concept and image of suicide has not been the same throughout history, being a modifiable social construct, subject to the social and especially cultural influences of each historical period. (10)

In most ancient civilizations, suicide was accepted. Death was understood as the passage from one life to another (conceptualization of death as a way out), so ending life voluntarily did not imply the end of existence, but the transition to another immortal dimension. The first written text that speaks to us about suicide is a poem known as Dialogue of the Desperate Man of Life with his Soul and is dated to the year 2000 BC, in the middle of the Egyptian Middle Empire. (11)

### **Family Counseling from the Perspective of the Child Psychiatrist**

Medical education has been characterized by constant efforts to improve the training of future physicians and the care they provide to patients; and at the same time, by long educational traditions.

Thus, innovative actions, such as the one described in the cartoon, coexist with practices that have persisted for decades - such as the Flexnerian pillars of medical education that were the axis of medical study plans in the 20th century.

In its most general sense, family counseling is understood as a process of help, and is also a way for the psychiatrist to understand the family. It has been interpreted as a set of professional techniques and practices aimed at strengthening the capacities and bonds that unite the members of the same family system, with the aim of making them healthy, effective and capable of promoting the personal growth of each member of the family and their emotional and affective ties. Becoming a help and support service for families who encounter difficulties within their life cycle, whose objective is to enhance their resources and skills, serving as prevention against possible more serious psychosocial disorders. (12)

The action of guiding is a fact that is conceived naturally. It has always been present in all cultures and has been necessary throughout history to inform people or help them develop in society and professionally.

### **Family Guidance for the Prevention of Suicidal Behavior in Adolescents. Relationship between Child Psychiatrist and Educational Institution.**

There are various definitions of guidance provided as a theoretical construct. This word comes from the verb to guide, which has its origin in the Latin *oriri*, meaning "to be born." The word guide is derived from the east, where the Sun is born. In ancient times, people were guided by the position of the Sun to determine their relative location; it was essentially the existing way to locate themselves in time and space. Nothing far from its current function when our children and young people demand guidance for better decision-making. (13)

Guidance, as a formal and scientifically based activity, began to be established worldwide within the educational process at the beginning of the 20th century. In the understanding of guidance as a science they consider that it is the action deployed from the educational perspective. This facilitates its usefulness for the application and evaluation of exchanges aimed at the development and optimized change of the client and their context. (14)

In its understanding as a process, it has been given importance as that help that is offered by a properly trained person to another person or group of people. In this way, it contributes to the subjects learning to know themselves and their environment, discovering the potentialities and limitations, so that they can choose, decide and make responsible life projects for the sake of full health.

Family guidance has a procedural, gradual and progressive nature that affects the establishment of certain doctor-home-school relationships, a path used by the psychiatrist to diagnose family problems and project his attention on objective bases in the prevention of suicidal behavior.

## CONCLUSIONS

Many investigations deal with suicidal behavior and its relationship with different comorbidities due to its devastating effect on the process of psychological well-being. Multimodal treatment with the involvement of the family as a central axis in this and the psychiatrist as a counselor and guide to the adolescent and his family has a wide range in the recovery of mental health. It constitutes a therapeutic arsenal for the prevention of suicidal behavior in these ages of searching for their own identity.

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The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## Author Contributions

All authors have contributed to the conduct of this work. All authors also declare that they have read and approved the final versión of the manuscript.

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